PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
2 704 5	7590 06/0-	1/2007		pape have	its own certificate	n paper, e of mail	ing or transmission.	nt or formal drawing, must	
ERICSSON IN 6300 LEGACY M/S EVR 1-C-1	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
PLANO, TX 75024					Pam Ewing (Depositor's name)				
					Jam Eu	ma		(Signature)	
			[August 17	, 2	007	(Date)	
APPLICATION NO.	PLICATION NO. FILING DATE		FIRST NAMED INVENTO		ATTORNE		NEY DOCKET NO.	CONFIRMATION NO.	
10/720,042	11/21/2003	<u> </u>	Jacob Strom				8196-16	2544	
TITLE OF INVENTION: GRAPHICS PROCESSING APPARATUS, METHODS AND COMPUTER PROGRAM PRODUCTS USING MINIMUM-DEPTH OCCLUSION CULLING AND ZIG-ZAG TRAVERSAL									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	09/04/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
BROOME, SAID A		2628	345-422000						
1. Change of corresponde CFR 1.363).	2. For printing on the patent front page, list								
Change of correspondence address (or Change of Correspondence Address form PTO/SR/122) attached (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,									
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Telefonaktiebolaget LM Ericsson (publ) Stockholm, Sweden									
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 individual 💆 Corporation or other private group entity 🗀 Government									
da. The following fee(s) are submitted: 4b. Payment of Fee(s): (☐ A check is enclos					(Please first reapply any previously paid issue fee shown above) sed.				
				edit card. Form PTO-2038 is attached.					
Advance Order - #	The Director is her overpayment, to D	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this form).							
_ " '	tus (from status indicate	,							
<u> </u>	s SMALL ENTITY state d Publication Fee (if rea		b. Applicant is no					R 1.27(g)(2), e assignee or other party in	
nterest as shown by the r	records of the United Sta	ites Patent and Trademark	Office.		e appream, a regi-		——————————————————————————————————————	- assignee of other party in	
Authorized Signature	_ Steven	W. Smut			Date _ Au	5-17	7,2007		
Typed or printed name	Steven W.	Smith			Registration N	lo	36, 684		
This collection of information application. Confident ubmitting the completed his form and/or suggestion.	ation is required by 37 Ciality is governed by 35 I application form to the	U.S.C. 122 and 37 CFR U.S.C. 122 and 37 CFR USPROVED TIME WILL VALUE	on is required to obtain 1.14. This collection is depending upon the	or re s esti- ndivi	tain a benefit by the mated to take 12 m dual case. Any co	he public ninutes (mments	e which is to file (and to complete, including on the amount of tin	by the USPTO to process) g gathering, preparing, and ne you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.